

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

DEC - 5 1997

Mr. Norbert D. Thompson President Technical Products, Incorporated 2416 Park Central Boulevard Decatur, Georgia 30035

Re: K973385

Trade Name: SilTec™ Oval Shapes

Regulatory Class: II Product Code: HXA Dated: August 20, 1997 Received: September 8, 1997

Dear Mr. Thompson:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the <u>Code of Federal Regulations</u>, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for

devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4595. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General and Restorative Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

	rageor
510(k) Number (if known):	·
Device Name: Oval Shapes	
Indications For Use:	=
The purchaser shall sufficient use of silicone materials in any proper use.	ntly inform themselves regarding the y surgical procedure to insure its
Sil-Tec Medical Grade Oval Sha elastomer shape intended for re- procedures. Some uses have been	ape is a soft, radiopaque silicon construction and surgical repair n:
1. As temporary stents for	the formation of new tendon sheaths
 Other surgical repair pro and flexible oval shaped 	ocedures demanding a highly inert material
(PLEASE DO NOT WRITE BELOW THIS LINE NEEDED)	E-CONTINUE ON ANOTHER PAGE IF
Concurrence of CDRH, Office of	(Division Sign-Off) Division of General Restorative Devices 510(k) Number
Prescription Use OR (Per 21 CFR 801.109)	Over-The-Counter Use

(Optional Format 1-2-96)